

Effective October 1, 2004

Application or Docket Number

10/510352

|   |  |  | SMALL EN      | TITY                           |                              | OTHER '                               |            |                        |                 |            |                        |
|---|--|--|---------------|--------------------------------|------------------------------|---------------------------------------|------------|------------------------|-----------------|------------|------------------------|
|   |  |  | (Column 1)    |                                | (Column 2)                   |                                       | TYPE       | $\supset$ .            | OF.             | SMALL E    | ИТІТУ                  |
| TOTAL CLAIMS  |  |  |               |                                |                              |                                       | RATE       | FEE                    | .[              | RATE       | FEE                    |
| FOR   |  |  | NUMBER FILED  |                                | NUMBER EXTRA                 |                                       | BASIC FEE  |                        | OF E            | BASIC FEE  | 950                    |
| TOTAL CHARGEABLE CLAIMS   |  |  | 9 minus 20= * |                                |                              | <u>·</u>                              | XS 9=      |                        | ÖR              | XS18=      |                        |
| סאו   | EPENDENT CL                                    | AIMS   | minus 3 =     |                                |                              |                                       | X44=       |                        | OR              | =88×       |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PF  | RESENT        | NT                             |                              |                                       | +145=      |                        | OR              | x3∞=       |                        |
| * If the difference in column 1 is less than zero, enter "0" in column                |  |  |               |                                |                              | olumn 2                               | TOTAL      |                        | OR              | TOTAL      | 950                    |
| CLAIMS AS AMENDED - PART II   |  |  |               |                                |                              | •                                     | <u> </u>   |                        | OTHER           |            |                        |
| (Column 1) (Column 2) (Column 3)  |  |  |               |                                |                              |                                       | SMALL      | ENTITY                 | OR              | SMALL E    | NTITY                  |
| AMENDMENT A   |  | GLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                        |               | HIGH<br>NUME<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA                      | RATE       | ADDI-<br>TIONAL<br>FEE |                 | RATE       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •  | Minus         | **                             |                              | =                                     | XS 9=      |                        | OR              | XS18=      |                        |
|   | Independent                                    | •  | Minus         | ***                            |                              | =                                     | X43= ·     | -                      | OR              | X86=       |                        |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |               |                                |                              |                                       | +145=      |                        | lo <sub>R</sub> | +290=      |                        |
|   |  |  |               |                                |                              |                                       |            |                        | OR              | TOTAL      |                        |
|   |  |  | •             |                                |                              | · · · · · · · · · · · · · · · · · · · | ADDIT. FEE | <u> </u>               | 1               | ADDIT. FEE |                        |
|   |  | (Column 1) CLAIMS  | T             | Colur).                        |                              | (Column 3)                            |            |                        | 3               |            | ADDI-                  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT                                  |               | NUM<br>PREVIO                  | BER<br>OUSLY                 | PRESENT<br>EXTRA                      | RATE       | ADDI-<br>TIONAL<br>FEE |                 | RATE       | TIONAL                 |
|   | Total  |  | Minus         | **                             |                              | =                                     | X\$ 9=     |                        | OR              | X\$18=     |                        |
|   | Incependent                                    | •  | Minus         | ***                            |                              | =                                     | X43=       |                        | OR              | X86=       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |               |                                |                              | +145=                                 |            | OR                     | +290=           | ·          |                        |
|   |  |  |               |                                |                              | TOTAL                                 |            | -1.                    | TOTAL           |            |                        |
|   |  |  |               |                                |                              | •                                     | ADDIT. FEE |                        | OR              | ADDIT. FEE |                        |
|   |  | (Column 1)   |               | (Colu                          | mn 2)                        | (Column 3)                            |            | -                      |                 |            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                        |               | HIGH<br>NUM<br>PREVI           | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                      | RATE       | ADDI-<br>TIONAL<br>FEE |                 | RATE       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •  | Minus         | ••                             |                              | =                                     | X\$ 9=     |                        | OR              | X\$18=     |                        |
| ME  | Independent                                    |  | Minus         | •••                            |                              | =                                     | X43=       | <u> </u>               | OR              | Y86-       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |               |                                |                              |                                       | ]          | -                      | -{\_            |            | 1                      |
| * If the entry in column 1 is less than the entry in column 2, write '0' in column 3. |  |  |               |                                |                              |                                       |            |                        | lop             | +290=      | ·                      |
|   | 14.15  |  |               |                                |                              |                                       | +145=      | 1                      | JOR             |            |                        |
| 1 "   | If the "Highest No                             | umn 1 is less than i<br>umber Previously F<br>umber Previously f | axt For IN TH | IS SPACE                       | ic less th                   | an 20° eater *20                      | L          |                        | OR              | TOTAL      |                        |